



# St. Katharine of Siena School

116 S. Aberdeen Ave, Wayne, PA 19087  
Phone 610.688.5451 | Fax 610.688.6796

[www.sksschool.org](http://www.sksschool.org)



## Teacher Recommendation Form Grade 2 through 8

Applicant name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

**TO THE PARENT/GUARDIAN:** Please read and sign the statement below, then give this form to the student's current teacher along with a stamped envelope addressed to **Admissions** at the above address or email completed form to **acondello@sksschool.org**.

For the student named above, I acknowledge that I waive my right to read this confidential teacher recommendation. I understand that the enrollment application is not complete without this teacher recommendation on file at St. Katharine of Siena School.

Name of Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TO THE CURRENT TEACHER:** The above named student is applying to St. Katharine of Siena School. This recommendation will remain confidential and will not become part of the student's permanent academic record. Please be sure the parent/guardian has signed the statement above before you send the completed form to SKS. We appreciate your cooperation and candor. Your insight on this student will help us determine the best fit between student and school, ensuring a successful school experience.

What words or phrases best describe this student?

\_\_\_\_\_

Does this student have an IEP established or receive special services? If yes, please indicate type of services/area.

\_\_\_\_\_

\_\_\_\_\_

### Family Cooperation

To your knowledge, is the parents' perception of the student compatible with the school's understanding of the student?

Yes  No  Uncertain

Please rate family cooperation with school policies and school personnel:

Outstanding  Very Good  Average  Poor

Does this student have any special needs or areas (academic and/or social emotional) requiring support or adult intervention?

\_\_\_\_\_

\_\_\_\_\_

**Please rate the student's skills using the chart below.**

	Very High	High	Average	Low	Weak	Comments
Focus						
Complete Task						
Group Work						
Independent Work						
Conflict Resolution						
Develop Friendship						
Motivation						
Written Expression						
Oral Expression						
Mathematical Skills						
Creativity						
Organization						

What are the student's academic strengths?

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What are the student's academic weaknesses?

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Overall I would rate this student as:       Outstanding     Excellent     Good     Fair     Poor

I would recommend this student for SKS:     Enthusiastically     With reservations     Not recommended

If you do not recommend this student, please explain why. \_\_\_\_\_

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Please share any additional comments: \_\_\_\_\_

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Is there additional information that can be better conveyed in a phone conversation?     Yes     No

When did you teach the applicant? Date(s): from \_\_\_\_\_ to \_\_\_\_\_ in grade(s) \_\_\_\_\_

Signature	School
Print name	School Address
Position	Phone
Grade/Subject	Today's Date